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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/670,062	<b>FILING DATE</b> 09/26/2000	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 20000389 ORI
<b>APPLICANTS</b> Bradley J. Wessman, Maple Grove, MN ;				
<b>** CONTINUING DATA *****</b> <i>JP</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>JP</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/30/2000</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>James P. O'Connell</i> Examiner's Signature <i>JP</i> Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Kevin W. Cyr, Esq. NIKOLAI, MERSEREAU & DIETZ, P.A. 820 International Centre 900 Second Avenue South Minneapolis, MN 55402-3813				
<b>TITLE</b> Medical lead and method for medical lead manufacture				
<b>FILING FEE RECEIVED</b> 535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 5103

<b>SERIAL NUMBER</b> 09/670,062	<b>FILING DATE</b> 09/26/2000 <b>RULE</b>	<b>CLASS</b> XXX	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 20000389.ORI
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Bradley J. Wessman, Maple Grove, MN;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 11/30/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**  
36029

**TITLE**  
Medical lead and method for medical lead manufacture

<b>FILING FEE RECEIVED</b> 535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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